

(chapatties) along with a little lentil pottage (*dal*) or stewed green vegetables or butter; raw vegetables, such as carrots, turnips, and radishes, are probably freely indulged in; meat is a very occasional luxury. Milk and *lassi* (sour butter milk) are the only drinks except water. Fluids "return" even more markedly than solids.

There is nothing of interest in the family history, with the exception of the mother's condition. There were three other children; two boys died in infancy of small-pox, and a sister in adult age after childbirth. The mother knows of no one else in the family connexion who was in the habit of chewing the cud, and she has never heard of any other person who exhibited the peculiarity.

There is nothing else of importance in the condition of the boy himself. The pain from which he suffers seems to be rheumatic. Careful examination failed to discover any patches of anaesthesia or nervous disorder, suggestive of incipient leprosy or other general disease.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

EXCESSIVE PATELLAR REFLEX OF NERVOUS ORIGIN.

THE following cases may be of interest in connexion with different points in Dr. Parkes Weber's valuable paper and Dr. Hobhouse's letter.

1. A man, suffering apparently from acute alcoholic insanity, showed Babinski's sign, but no other symptom of organic disease. As his mental state improved the extensor response gradually gave place to one of flexion. After this the mental improvement stopped, and signs of general paralysis began to appear. It may be held that the Babinski sign was due to early general paralysis, but against this are the facts that it disappeared as the effects of the alcohol wore off, and was absent when the general paralysis became manifest.

2. A woman, aged about 45, suffering from melancholia, showed Babinski's sign and a very marked wrist-jerk. She was under observation for some months, during which time her mental condition improved greatly, but recovery was not complete. The wrist-jerk diminished considerably, but the extensor plantar reflex was still present when she was last seen. In this case, of course, the Babinski sign may have been an early symptom of some organic change that had not become manifest when I last saw the patient.

If the extensor response is of functional origin in infants—as presumably it is—why may it not sometimes be so in adults too?

3. A young girl with acute mania, from which she recovered in a few months, showed exaggerated knee-jerks when first seen. Some time later both knee-jerks were absent. Methods of reinforcement were not practicable. Later still, one knee-jerk was present, the other absent. On recovery both were present.

4. A woman with syphilitic disease of the brain came under observation with ankle clonus. This disappeared later without any obvious change having occurred in the organic disease.

A slight degree of ankle clonus is well known to be common in functional disease and slight patellar clonus may occur.

It is not uncommon (so far as my experience goes) for the insane to show contraction of certain individual muscles when they are lightly tapped, like that displayed, only more universally, by some emaciated patients and by those in the lethargic stage of hypnotism. The muscle most frequently affected seems to be the *vastus externus*, sometimes of one side only; others that I have seen are the deltoid, the *pectoralis major*, the triceps, the biceps, and the muscles of the hypothenar eminence. The patients who exhibit this phenomenon are mostly general paralytics or chronic alcoholics, in either case having organic changes in the brain; but I have seen it in a case of acute alcoholic insanity that recovered in less than a month, and in a case of simple melancholia which became chronic. This association with cases that are probably free from organic change, and the similarity of the phenomenon to that occurring in emaciation and the hypnotic state, point to its being due to a functional disorder of the cortex, just as is the exaggerated patellar reflex, in Dr. Parkes Weber's

opinion. Perhaps Dr. Weber might have added absence of the knee-jerk to the conditions that may sometimes depend on functional cortical disturbance. The theory that it is necessarily due to the cutting off of inhibitive currents that pass down the pyramidal tract is hard to reconcile with its occurrence in deep sleep, in old age, in hypochondriasis, in emaciated persons, and even in the healthy. The results of Jendrassik's method of reinforcement are also hard to reconcile with the arrest of inhibition theory. No doubt it is said that this method acts by distracting the attention, and so cutting off the inhibiting currents; but, in the first place, the method may still prove successful (in cases where the reflex is not obtainable without it), even if the patient deliberately directs his attention to the knee while pulling on his hands; and, secondly, it was shown by the late Dr. Ch. Féié that the action of one set of muscles does not diminish, but actually increases, the energy of the cerebral cortex in other directions.

Tunbridge Wells.

P. C. SMITH, M.D.Durh.

MIDDLE MENINGEAL HAEMORRHAGE: TREPHINING: RECOVERY.

THE statistics of von Bergmann, giving 16 recoveries out of 99 cases of middle meningeal haemorrhage, are an excuse for recording the following case:

A young man, aged 22, fell off a coal cart on to his head at 5.30 p.m. on June 1st; he was unconscious for ten minutes; he was then given sixpennyworth of brandy by an onlooker, and proceeded home by train. He then had some tea and bread-and-butter. At 8.15 p.m. he began to vomit, and complained of pain in his head; a medical man saw him, and at 9.30 p.m. he became drowsy; during the night his breathing was noisy, and he began to throw his arms and legs about. There were occasional intervals when he was conscious, and he spoke several times; he became quite unconscious during the early morning. At 8.30 p.m. on June 2nd—over twenty-four hours after the accident—he was admitted into hospital completely unconscious; breathing stertorous; pulse 52; pupils markedly unequal, the right fully dilated and the left of a natural size; both were insensible to light, and there was no conjunctival reflex; both arms and legs were in a constant state of movement; a slight boggy feeling was detected over the right temporal area. About 9 p.m., after consultation with my colleague, Dr. Bell (to whom I am much indebted for his help), a trephine was applied over the site of the right middle meningeal artery and at once blood clot was exposed; on enlarging the opening a large extravasation of blood was visible, which was washed away with saline solution; as no bleeding point was seen, the opening was further enlarged with Hoffman's forceps towards the zygoma; a bleeding vessel was finally found low down and this was underrun; the flap was replaced and a drainage tube left in the wound, as the brain did not readily expand.

At 5.30 next morning patient could answer questions, although still drowsy. He gradually made a good recovery and has been in full work for three months. There was total paralysis of the third nerve on the right side for a time, but this gradually disappeared.

In this case there was no history as to which side was injured, and both arms and legs were in a constant state of movement; the slight bogginess over the right temporal region and the marked dilatation of the right pupil determined the site for operation. With regard to this dilatation of the pupil on the affected side Jacobson says: "It is a rare but most valuable sign; taken with other evidence of middle meningeal extravasation, this condition of pupil points to a large clot reaching down into the base and pressing forwards on the sphenoidal fissure and thus compressing the third nerve." This was proved at the operation and also by the third nerve paralysis.

There was a well-marked lucid interval of four hours. Miles and Thompson say the prognosis is grave when operation is delayed beyond twelve to eighteen hours; in this case twenty-seven hours elapsed before the man came into hospital.

I am indebted to the late House-Surgeon, Dr. Mactavish, for notes of the case and for his care in the after-treatment.

WILSON TYSON, M.A., M.B., M.R.C.S.,
Surgeon, Lowestoft Hospital.

THE CONVEYANCE OF DISEASE BY DOMESTIC PETS.

In view of the annotation appearing on page 520 of your issue of March 2nd, 1907, the following series of cases of diphtheria, the last two of which were very possibly due to the presence of cats in the house, may be of interest.

The first of the series was a girl aged 7. She was attacked on February 16th, 1907, was first seen by a medical man on the 21st, was removed to hospital on that day, and died on March 2nd.

The other members of the household consisted of the father, mother, three girls, aged 12, 4, and 4 months respectively, and a boy aged 2. The next to be attacked was the four-year-old girl. She was first poorly on November 2nd, was seen by a doctor and removed to hospital on the 5th, and died on the 15th.

The third case was on December 20th, the boy being the victim. He was removed to hospital on the 22nd, and remained there till after the end of January, 1908. There were then left the father, mother, and the two girls of 13 and 1. Swabs from the throats of these gave negative bacteriological results.

On January 23rd, 1908, the baby fell ill, and was removed to hospital the following day with diphtheria. On the occurrence of the second and third cases I made careful inquiries as to the extent of disinfection carried out, and, so far as could be judged, nothing was overlooked. The mother was a careful woman, and probably had not concealed any articles that had been near the patients; these had been removed and disinfected by steam, and every room in the house had been sprayed on each occasion.

I had noticed that there were two cats—a tabby and a black one—both of which were said to be in excellent health throughout. They had, however, been petted by the children, and probably by the patients, and, when the fourth case was notified, it occurred to me that it might be worth while to attempt a bacteriological examination of their coats. Accordingly I rubbed a moistened swab thoroughly over the fur of each cat. The cultures on serum consisted largely of a vigorously-growing bacillus resembling *B. subtilis*, and there were also a number of cocci. Smears from the culture derived from the tabby cat, however, showed a considerable number of organisms identical in appearance with the Klebs-Loeffler bacillus, both when stained by methylene-blue and by Neisser's method. A few Neisser-positive organisms were present in the culture from the black cat, but I could see no diphtheroid forms in the smear stained by methylene-blue.

I tried to isolate the suspicious bacillus from the former culture, but failed, owing to the predominance of the other organisms, so that complete proof of the presence of the specific bacillus is lacking. Nevertheless, the cats afford the most probable explanation for, at any rate, the third and fourth cases, since the house is in an isolated portion of the borough, and there had been no other cases of diphtheria in the neighbourhood since the beginning of the year. None of the last three children to be attacked attended school, and the eldest girl had left school before the second case happened. There was nothing in the general surroundings to account for the disease, and the sanitary arrangements of the house were in good condition.

The cats had been destroyed and buried before I had another opportunity of making an examination.

A. E. PORTER, M.D., D.P.H.,
Medical Officer of Health, Reigate.

ON THE EMPLOYMENT OF THE ARTIFICIAL MEMBRANE IN MARKED TEMPORARY DEAFNESS DURING THE SUBACUTE STAGE FOLLOWING ACUTE TYMPANIC SUPPURATION.

It is probable that in no condition is an artificial tympanic appliance likely to prove so successful in temporarily improving the hearing as in the subacute stage of tympanic suppuration, when all pain and acute inflammation of the tympanum have subsided—that is to say, usually in the second or third week following perforation. In this stage the deafness is usually still very marked, but there are often short, lucid intervals of

fairly good hearing. One is frequently asked by business and professional men if nothing can be done to maintain this temporary improvement of hearing in order that they may be able to hear at a Board meeting, in a court of law, etc. They are generally cases where either both ears have been attacked, or where, with unilateral acute inflammation, the hearing powers of the other ear has been previously destroyed. In these circumstances catheterization, together with efficient aural toilet, often improves audition for some hours, but the duration of the improvement is uncertain. The employment of an artificial tympanic appliance forms no part of the routine treatment of the stage under discussion, and I fully recognize that the irritation caused by a foreign body, and the impairment of tympanic drainage through the perforation (in cases where the Eustachian tube is blocked by tumefaction of its mucosa) is generally very unsound practice; but there are occasions where it is of great, perhaps of vital, importance for a patient to attend at some special function and hear what is said, and in these circumstances I have not hesitated to try the effect of an artificial tympanic appliance, and, if successful, to allow the patient to wear one, warning him of the dangers of the practice if adopted as more than a temporary expedient. Two recent cases in my practice will illustrate the marked improvement in hearing occasionally obtainable by inserting an artificial tympanic appliance, and one of them shows the evil results of putting too implicit confidence in the discretion of the patient.

In the first instance a member of the legal profession was specially anxious to appear in court. His left ear had been rendered useless by old-standing disease. His right ear was still discharging muco-pus, the perforation of fourteen days' standing was large, the Eustachian tube blocked, bone conduction was good, and ordinary speech was heard at a distance of 5 ft., the watch on contact only. With a cotton-wool appliance in position, the watch was heard at 20 in., and general conversation could be followed without difficulty. He was warned that the "drum" must be immediately removed at the end of the meeting and even before on the first indication of irritation or pain. The hearing power was temporarily restored by me by this method on three separate occasions, and the patient has since made a good recovery.

In the second case the patient was a middle-aged lady, whose left ear was useless as the result of suppuration with adhesions during infancy. The right membrane had perforated seventeen days previously, there was very slight discharge, and the tube was not so blocked as in the former case. The perforation was small, and was healing rapidly. There was great variation of the hearing power; at times it was sufficient for all ordinary purposes, but was not improved by catheterization. She was most anxious to hear well during the Christmas festivities at home. With the artificial membrane in position, the hearing for the voice was almost normal. In a weak moment I taught her to apply a cotton-wool membrane on a silver style. I advised the cautious use of the appliance, its removal on the onset of irritation, pain, tinnitus, or increase of discharge, and gave implicit instructions that it should be worn at the most only two hours daily. She visited me a week later, hearing well, with the artificial appliance in position, but informed me that she had been obliged to wear it continuously during the daytime, otherwise she was nearly stone deaf. On making an examination I found the discharge greatly increased, the perforation double the size it was when last seen a week before, and the remains of the membrane tumefied and red.

It seems more than likely in this case that the indiscreet use of an artificial appliance at this stage will result in permanent impairment of hearing, perhaps involving the necessity of the recourse to the drum for the rest of her life.

It is not my intention to decry generally the use of the artificial membrane; on the contrary, I feel that there are probably thousands of patients in this country suffering from chronic deafness with perforation and displacement of ossicles who might be benefited by a properly adjusted appliance, but the cases here recorded show that whilst in subacute conditions the artificial membrane can be used temporarily, in exceptional circumstances, with marked improvement to audition, yet its *incautious adoption as a routine method* in acute and subacute conditions is fraught with considerable risk of bringing about a chronic discharge and of permanently reducing the hearing power.

WILLIAM HILL,
Surgeon for Diseases of the Ear, etc.,
St. Mary's Hospital, London.

Another gem is the following:

HONOURABLE SIR.—Kindly excuse this poor thy servant from attending on your Honour's office this day, as I am suffering from the well-known disease commonly called ache of the interior economy, and I shall ever pray.—Yours ever painful, Ram Chunder.

P.S.—Oh, death, where is thy sting?

MEDICAL NEWS.

THE fourth International Congress of Thalassotherapy will be held at Abbazia on September 28th, 29th, and 30th.

A DINNER of past and present members of the Royal Army Medical Corps Volunteers (London Companies) will be held at the Holborn Restaurant on March 31st at 7.30 p.m.

ACCORDING to the *Archivos do Instituto Bacteriologico*, the number of cases of hydrophobia is on the increase in Portugal. In 1907 the number was 1,447, the numbers for the four previous years having been respectively 867, 909, 1,018, and 1,294.

DR. NADESDA PROKOSONJEWNA SSUSZLOWA-GOLUBOWA, the first woman doctor in Russia, recently celebrated the fortieth anniversary of her graduation. She studied privately at the Medico-Chirurgical Society of St. Petersburg, and was admitted to the necessary examinations by special grace.

We are informed that the Committee of the Royal Sanitary Institute has decided to continue the discussion on "Rivers Pollution, with special reference to the Board proposed by the Royal Commission," at a meeting to be called on Wednesday, April 8th, at 8 p.m. The report of the discussion at the meeting held on February 12th will be published in the *Journal* of the Institute issued on April 1st.

THE Chancellor of the University of London (the Right Honourable the Earl of Rosebery) will visit University College on the afternoon of Thursday, March 26th, and will formally open the new libraries and the new south wing which includes lecture rooms for the faculty of arts, the department of geology, hygiene, and experimental psychology, also large extensions of the departments of applied mathematics, of mechanical, electrical, and municipal engineering, and accommodation for the new hydraulic laboratory.

A CONGRESS on physio-therapeutics will be held, under the presidency of Professor Landouzy, in Paris, in Easter week. The questions to be discussed are: (1) Physical agents (electricity, massage, movement cures, gymnastics, light, x rays, etc.) in the diagnosis and treatment of articular and bony traumatism; (2) physical agents in the treatment of neuralgia and neuritis. The congress is being organized under the auspices of the French Society of Electrotherapy and Medical Radiology and the Kinesitherapeutic Society. Communications relative to the congress should be addressed to the General Secretary of the Organizing Committee, Dr. Laquerrière, 2, Rue de la Bienfaisance, Paris.

At a drawing room meeting on March 10th Mrs. Scharlieb, M.D., M.S.London, Senior Physician for Diseases of Women at the Royal Free Hospital and Lecturer in Midwifery at the London School of Medicine for Women, was the recipient of a portrait of herself in academic robes, painted by Mr. Hugh Riviere to the order of upwards of 300 of Mrs. Scharlieb's private and professional friends. The gift was accompanied by an address, presented on behalf of the subscribers by Mr. Holroyd Chaplin, Chairman of the Weekly Board of the Royal Free Hospital, which was beautifully illuminated and reminiscent of the work done by Mrs. Scharlieb in the promotion of the Zenana medical movement in India. The proceedings, which were of a private character, were stated to be the outcome of a desire on the part of the donors to express their personal affection for Mrs. Scharlieb, and their esteem for one who had shown herself able to combine the exercise of unusual talent of a scientific order with the graces and gifts of womanhood.

THE eleventh annual dinner of the Chelsea Clinical Society was held at the Gaiety Restaurant, Strand, on February 27th, Dr. J. H. Dauber, President of the Society, being in the chair. After the usual loyal toasts, the President, in proposing "The Chelsea Clinical Society," said that the plan of allowing men to smoke at meetings had worked so well that other medical societies would do well to copy the example set, for most men after dinner wished to smoke. A suggestion had been made that societies like

the Chelsea Clinical Society should join the Royal Society of Medicine at 20, Hanover Square, but in his opinion such a course would ruin a Society like theirs. Decentralization was as important as centralization, and the Chelsea Clinical Society fulfilled a public duty in helping forward the organization of the medical profession. Such organization was the more essential as the medical profession was sweated, and to meet that evil it was necessary to combine. Societies like the Chelsea Clinical Society should form an alliance with the British Medical Association to work together for the benefit of medical men. After the toast had been acknowledged, on behalf of the Society, by Dr. A. F. Penny, Dr. J. Barry Ball submitted "The Visitors and Kindred Societies," response being made by Mr. R. Lake. In the course of the evening Surgeon H. Hunt, R.N., of H.M.S. *Blake*, entertained the company by making lightning sketches, his good-humoured caricature of the Treasurer of the Society, Dr. Austin Cooper, giving an anaesthetic, being received with great applause. Dr. Danber and Dr. Ball were also portrayed from life with astonishing accuracy and rapidity, each sketch only taking a few seconds. The evening concluded with Dr. F. McCann proposing "The President and Officers of the Society," which was suitably responded to by the President.

THE SUPPLY OF MIDWIVES.—At the fourth annual meeting of the Association for Promoting the Training and Supply of Midwives, held on March 5th, the report submitted pointed out that a strong effort was necessary to meet the need which would become acute in 1910, when a number of uncertified midwives still in practice would be about to retire. In various quarters it had been suggested that Parliament should be asked to extend this time limit, but those who wished to see this done did not realize that the women whose practice was to be stopped after 1910 were, generally speaking, precisely those whose suppression was the ultimate goal of the whole movement. Not being certificated by virtue of any training and examination either before or after the passing of the Act, or even registered on the very easy terms on which, as being in bona-fide practice, they might have enrolled themselves when the Act came into force, they were at present entirely beyond the reach of the law. They avoided the title of "midwife" and pursued their own methods quite untouched by the teaching, regulation, and inspection which were doing so much to bring the work of midwives into good instead of evil repute. In asking for an extension of the time they would simply be asking for a continuance of the very worst part of the old system. A sum of at least £5,000 was required to put the work of the Association on a desirable footing. By a subsequent resolution it was resolved to communicate with county medical officers, nursing and other associations, with a view to ascertaining the present and prospective needs of each county and the best method of grouping villages in order that no one should be beyond the reach of a midwife's services.

MEDICAL SICKNESS AND ACCIDENT.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 6, Catherine Street, Strand, London, W.C., on February 21st. Dr. de Havilland Hall was in the chair, and the Committee was engaged in examining an unusually long list of sickness claims. The experience of the Society shows that in the spring of each year a substantial addition to the claim list must be expected. For the most part the illnesses are of a slight nature arising from tonsillitis and other throat affections and from mild attacks of bronchitis. On this occasion the sickness claim list contained a good many cases of this kind, but a considerable number of the members were incapacitated by influenza, an epidemic which always makes its mark on the claim list of the Medical Sickness Society. The business of the Society is growing rapidly, and both in membership and financial strength the year 1907 shows a gratifying increase. In particular the number of new entrants has been exceptionally large, and the number of those members who have applied to have their benefits increased has largely grown. The number of members totally and permanently incapacitated from professional duty increases every year. The Committee have recently examined special reports on all these chronic cases, and in very few instances is there any hope that the member will ever be able to resume work. In such cases the sick pay of the Society, generally one hundred guineas a year, is a great boon, and the letters received from the sick members and their friends show how much it is appreciated. Prospectuses and all further information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

THE RECEPTION OF LUNATICS IN UNLICENSED HOUSES

ON March 7th, at the Middlesex Sessions, Edith Mary Lascelles pleaded guilty to a charge preferred against her of taking charge of a person being a lunatic within the meaning of the Lunacy Act, 1890, at a house not licensed for receiving lunatics. Dr. Lyttleton Stewart Forbes Winslow was charged with aiding and abetting. Both defendants pleaded guilty. Mrs. Lascelles was fined £10 and Dr. Winslow £50. The law upon the subject is clear. It is provided by Sec. 315(1) of the Lunacy Act, 1890, that every person who, except under the provisions of the Act, receives or detains a lunatic or alleged lunatic in an institution for lunatics, or for payment takes charge of, or receives to board or lodge, or detains a lunatic or alleged lunatic in an unlicensed house, shall be guilty of a misdemeanour, and in the latter case shall also be liable to a penalty not exceeding £50. In *R. v. Heygate* the defendant, who pleaded guilty, was fined £50 at Winchester Quarter Sessions in July, 1889, for keeping two lunatics for profit in an unlicensed house.

PARTNERS AND APPOINTMENTS.

JUSTICE writes that two medical men are in partnership, and that the senior is a member of the Town Council. The latter is about to appoint a medical school inspector, and the junior partner is a candidate for the post. The senior partner has stated that any emoluments derived from this appointment will go to the junior alone. Could the junior partner legally or ethically hold such an appointment?

** In order that the junior partner may legally hold this appointment, either the senior partner must resign his seat on the Town Council, or the partnership between the two must be dissolved.

THE BANKRUPTCY COURT AND THE SALE OF A PRACTICE.

IGNORANT would be obliged for information whether in the case of bankruptcy the court has any power to sell a medical practice.

** The court has full power to deal with the premises where the practice is carried on, but cannot compel the bankrupt to give any covenants restraining him from practising in the vicinity. As a medical practice without such covenants on the part of the vendor would be practically unsaleable, it would not be incorrect to say that the court cannot sell a medical practice.

SALE OF PRACTICE.

GLAUCUS asks the following questions: (1) In the sale of a practice, when a fourth is sold, how much of the expenses does the incoming partner take over? (2) When a practice increased after the arrival of partner through the efforts of both parties, and the partner wishes to increase his share, should the price of the increase be reckoned on the value of the practice at that time, or on its value when the partnership was entered into; or on a valuation, which would pay the old partner for the increase due to his own efforts? (3) What is a fair price for a partnership in a special practice in the provinces or abroad?

** (1) He would pay one-fourth of the expenses. (2) This should have been arranged in the deed of partnership. The usual custom is to pay for any increase of share, according to the value of the practice, when the purchase is made; it may be greater or less than at the time of the partnership. (3) This would depend on so many unknown factors, that it is impossible even to give an approximate valuation.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

Meeting of Senate.

A MEETING of the Senate was held on February 19th.

Francis Galton Laboratory for National Eugenics.

Mr. David Heron, M.A., and Miss E. M. Elderton were reappointed respectively Research Fellow and Research Scholar in the Francis Galton Laboratory for National Eugenics for 1908-9.

Appointment of Fellows of University College.

The following were among those appointed Fellows of University College: Dr. Archibald M. H. Gay, Mr. Philip M. Heath, M.S., and Professor George R. Murray, M.D.

Conferment of Degrees.

The degree of Doctor of Science in Physiology was conferred upon Mr. David Henriques de Souza, an internal student of University College.

King's College.

Sir Edward Bask and Mr. C. A. Russell have been appointed to represent the Senate, and Mr. Thomas Raleigh and Mr. W.

Harrison, K.C., to represent King's College on the Commission to be appointed under the King's College (London) Transfer Act. The fifth Commissioner is to be appointed by His Majesty in Council.

The Mercers Company have made a grant of £525 towards the fund for the incorporation of King's College in the University.

Appointments.

Dr. E. C. Seaton has been appointed a delegate to the Sanitary Institute Congress to be held in Cardiff in July next.

Dr. Alexander Macphail has been added to the Board of Intermediate Medical Studies, and to the Board of Studies in Human Anatomy and Morphology.

Advanced Lectures in Physiology.

Owing to ill-health, Professor C. S. Myers, M.D., will be unable to deliver the course of lectures on "The Special Senses (hearing, taste, smell)" announced to be given by him at King's College during the third term.

UNIVERSITY OF DUBLIN.

THE following degrees were conferred on March 3rd:

M.D.—G. A. Crowley, T. O. Graham, T. R. King-Edwards, T. J. T. Wilmot.

On the same occasion a Licence in Medicine, Surgery and Obstetrics was granted to F. O'B. Kennedy.

UNIVERSITY COLLEGE OF WALES, ABERYSTWITH.

A MEETING of the Council of the University College of Wales, Aberystwith, was held in London on March 6th, with the Vice-President, Sir John Williams, Bart., K.C.V.O., in the chair. A vote of sympathy with the family of the late Sir Lewis Morris, late Treasurer of the College, and one of its warmest supporters, was passed on the proposal of the Principal. Congratulations were accorded to Sir Samuel T. Evans, an old student of Aberystwith College, on his appointment as Solicitor-General. Communications were received from local bodies in Radnorshire and Breconshire greatly approving of the work done on behalf of the College in various centres in connexion with cookery, dairy, horticultural, and other classes. The Principal, the Registrar, and Sir John Williams were appointed to represent the College at the conference convened on the initiation of the Denbighshire Local Education Authority to consider the question of the proposed National Council of Education for Wales. Principal Roberts was appointed to represent the College on the Court of Governors of the National Museum of Wales, and Mr. D. C. Roberts, of Aberystwith, to represent the Council on the Central Welsh Board. It was announced that, owing to his official position at the Board of Education, Mr. Owen M. Edwards had sent in his resignation as a member of the Council. The resignation was received with regret. The relation of the College volunteers to the new army scheme was discussed, and a committee including the Principal was appointed to consider the matter and report to the Council. Mr. J. H. Davies announced that Mrs. Tattersall, the sister and executrix of the late Rev. H. Davies Owen, of Penmynydd, had presented to the College museum the famous punch bowl belonging to Llewellyn Ddu y Fon. The donor and her late brother were direct descendants from Ellen Morris, the sister of the well-known Morris laid, of whom Sir Lewis Morris was the greatest.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE TERRITORIAL FORCE

THE following appointments as Principal Medical Officers to the Territorial Force are announced: Colonel J. Turton, Senior Medical Officer, Sussex and Kent Volunteer Infantry Brigade, to the Home Counties Division; Surgeon-Colonel G. S. Elliston, Senior Medical Officer, Suffolk Volunteer Infantry Brigade, to the East Anglian Divisions; Colonel W. Coates, C.B., Manchester Companies, R.A.M.C. (Volunteers), to No. 3, East Lancashire Divisions; Surgeon-Colonel P. E. Hill, Senior Medical Officer, South Wales Border Volunteer Infantry Brigade.

Major E. C. Freeman, M.D., late R.A.M.C., has been appointed Staff Officer to the Principal Medical Officer, East Anglian Division.

Medical officers of Volunteers will have the option of transferring to the Royal Territorial Medical Corps, or of remaining regimental officers. Those who transfer will be permitted to retain the uniform of their former unit until worn out. The compound title will be abolished in the case of those who join the Territorial Medical Corps. The appointment of Brigadier-Surgeon in the Territorial Force will lapse, as the Force will be organized on the same basis as the regular army, in which such appointment does not exist.

THE German Emperor has conferred the following decorations on the undermentioned officers: On Surgeon-General R. H. Quill, M.B., Principal Medical Officer of Netley Hospital, the Second Class of the Order of the Red Eagle, with Star; and on Lieutenant-Colonel R. S. B. Henderson, M.B., Registrar and Secretary of the Hospital, the Second Class of the Red Eagle.